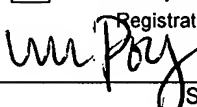




PTO/SB/22 (06-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 00158/000J974-US0	
Application Number 10/021,706		Filed November 5, 2001	
For METHOD AND APPARATUS FOR MANUFACTURING BIOCHIP			
Art Unit 1743		Examiner Brian R. Gordon	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 53,480			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)			
 _____ Signature		October 4, 2004 _____ Date	
Denise L. Poy _____ Typed or printed name		(212) 527-7783 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/> Total of 1 forms are submitted.			

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